

## INFORMANT PAYEE RECEIPT

For and in consideration of the sale and delivery to the State, County, or City of \_\_\_\_\_  
of information or evidence identified as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby acknowledge receipt of \$ \_\_\_\_\_

paid to me by the State, County, or City of: \_\_\_\_\_

Date: \_\_\_\_\_ Payee: \_\_\_\_\_  
Signature

Case Agent/Officer: \_\_\_\_\_  
Signature

Witness: \_\_\_\_\_  
Signature

Case or Reference: \_\_\_\_\_

C.I. Number: \_\_\_\_\_ Location: \_\_\_\_\_